

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No.

42611

Registrar's No.

11016

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH  
a. COUNTY

0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE

Missouri

b. COUNTY

2219

b. CITY (If outside corporate limits, write RURAL and give township)

St. Louis

c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN St. Louis

0

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Homer G Phillips Hospital

2d STREET ADDRESS (If rural, give location)

911 N. 20th. St.

3. NAME OF DECEASED  
(Type or Print)

a. (First)

Arthur

b. (Middle)

Mitchell

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

Dec.

21

1950

5. SEX

Male 2

6. COLOR OR RACE

Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Jan. 16, 1880

9. AGE (In years last birthday)

70

10. UNDER 1 YEAR

11. UNDER 1 MONTH

12. UNDER 1 HOUR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Laborer10b. KIND OF BUSINESS OR INDUSTRY  
City11. BIRTHPLACE (State or foreign country)  
Baton Rouge, La.12. CITIZEN OF WHAT COUNTRY?  
U. S. A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Minerva Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
None17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Mary Wright 1225a Walton Ave.18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH  
Undet.

ANTECEDENT CAUSES

DUE TO (b)

Undetermined

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

322X

22. I hereby certify that I attended the deceased from 12-11, 1950, to 12-21, 1950, that I last saw the deceased live on 12-21, 1950, and that death occurred at 3:50a m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

DEC 26 1950

J. B. Lasater

C. J. Nash

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JUN 29 1951

CERTIFICATE

*[Handwritten signature]*

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

☒ working under my personal supervision.

Student Embalmer No. 595

Signed *Philip B. Woods*  
Student Embalmer

Signed

*C. J. Nash*

Licensed Embalmer No. 2432

P. O. Address

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(Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.